

22 Layton: *Tuberculosis of Larynx*; Howarth: *Laryngeal Lesion***Tuberculosis of Larynx.**

By T. B. LAYTON, D.S.O., M.S.

A. D. B., MALE, aged 48.

November 18, 1925.—Seven months' hoarseness, whole larynx injected. Both V.B.'s swollen and irregular. Interarytænoid space filled up with irregular mass. Vocal cords red, not swollen or ulcerated. Appeared to have pain in swallowing. Advised to go into sanatorium; given advice pending admission. Met casually on December 2, 1925, when he looked so much worse that he was told to go to bed at once and stay there till he got into the sanatorium.

December 18, 1925.—Admitted King Edward VII Sanatorium. Stage II. Right lung + +; left lung + infiltration.

Larynx (Sir StClair Thomson): Epiglottis congested and infiltrated with ulcer on left border and all laryngeal surface. Ulcerating deposit of left aryepiglottic and of both ventricular bands, largely concealing vocal cords. No dysphagia. Interarytænoid clear. Silence ordered.

February 27, 1926. Clean and subsiding. Posterior two-thirds of vocal cords showed clear.

March 20, 1926.—Vocal cords clear, but anterior quarter concealed by ulcerating deposit on both V.B.'s. Right arytænoid seemed clear, and also left, except that it did not leave and expose the left sinus pyriformis. Interarytænoid clear.

April 15, 1926.—Both vocal cords seen to be intact, though catarrhal and faintly pink. Interarytænoid sound. Both arytænoïds enlarged, but mobile and clear. Each sinus pyriformis clear. Much ulceration of epiglottis and both V.B.'s. Galvanocautery (1st) five points epiglottis, two in R.V.B.

May 15, 1926.—Healing, good scar in R.V.B. G.C. (2nd) five points epiglottis, two in L.V.B.

June 19, 1926.—Vocal cords clear. A little thickening over anterior part of L.V.B. Epiglottis very irregular, but healing.

Discharged June 28, 1926. Lung disease improved, quiescent—sputum negative in twenty-four examinations; weight increased from 9 st. 12 lb. to 10 st. 11 lb.

Seen by exhibitor September 17, 1926. Irregularity upper margin epiglottis. General redness including cords, swelling front end R.V.B., which prevented view of front end of vocal cord; no granulations. Advised to continue whispering for a time.

October 5, 1926.—(Sir StClair Thomson): Larynx quite healed, wasted and irregular epiglottis, stump healed, scars on both V.B.'s. Rest normal. Given permission to phonate. The man's courage and implicit obedience were large factors in his recovery.

Laryngeal Lesion associated with Apparent Miliary Tuberculosis of the Lung.

By WALTER HOWARTH, F.R.C.S.

G. B., MALE, aged 21.

Hoarseness for three months. Examination showed a granulomatous patch at the anterior end of the right vocal cord. There was no limitation of movement.

Portion removed for microscopy showed typical tubercle. There were no physical signs of disease in the lung, but the skiagram shows that both lungs are a mass of miliary tubercle. In spite of the absence of symptoms, these cases are invariably and often rapidly fatal.